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TRIAL FOR MAL-PRACTICE.

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MESSRS. EDITORS.—The following is a report of the trial of Gustavus H. Loomis, M.D., of Putney, Vt., for mal-practice. The medical testimony is given in full, prepared by Mr. W. Wesley Wilkins, one of my students, from notes taken by himself and compared with those of Mr. Marsh, the junior counsel for the defence. To this I have prefixed a summary of the facts in the case, derived from the testimony of the other (non-medical) witnesses, and from several depositions which were presented to the court; not deeming it worth while to occupy your pages with details of no professional interest. I have closed the report with remarks on the most important points in the case. Very truly yours,

Woodstock, Vt., Feb. 22d, 1856. W. M. HENRY THAYER.

On the 25th of October, 1852, in the evening, Mrs. Nancy Closson, widow, aged 57, fell down the cellar stairs of Mr. Stoddard's house in Putney, Vt. Mrs. Closson's home was in Walpole, N. H., seven or eight miles from Mr. Stoddard's house. She had been a resident of Westminster, the town north of Putney, for the greater part of the forty years previous to her injury. Dr. Campbell, of Putney, had, during all that time, been her physician, and he was immediately sent for when she was hurt. His house is three miles south of Mr. Stoddard's. He was unable to go, but sent her word he would see her in the morning. She, however, being in great pain, sent for Dr. Loomis, of Putney, who came. Dr. Campbell called the next morning, but learning that Dr. Loomis had taken charge of her, left her and saw her no more.

Dr. Loomis found swelling of one wrist, and serious contusion of one leg just below the knee, with so great swelling of the leg that it would have been impossible to ascertain, with certainty, the existence of fracture of the tibia, had he considered it proper to make a thorough examination. But, finding neither unnatural mobility nor any apparent displacement, he waited for subsidence of the inflammation before handling the part—in the meantime supporting the leg and foot and making applications to reduce inflammation.

The wrist gave no evidence of fracture or dislocation, and when the swelling about it had subsided, Dr. L. gave it no further attention.

On the eleventh day, the patient was removed to Westminster by her friends, three miles further (six miles in all) from Dr. Loomis's house—without the knowledge or consent of the physician. She rode in a wagon, sitting on the seat, with her foot resting on its side on bedclothing piled up before her. Dr. Loomis did not see her again. For seventeen days she remained without medical attendance, and then called in Dr. Kittredge, of Walpole—having in the meantime removed again, to Walpole.

Dr. Kittredge made a deposition which was read to the Court. He deposes that he found deformity of the radius, from a fracture within an inch and a half of its lower extremity, with dislocation of the ulna; and deformity of the tibia from a transverse fracture three inches below its head, and displacement of the lower fragment towards the fibula—the upper fragment remaining in place. He deposes that union of the tibia was then not complete, and that the limb could not support her weight. He deposes that he applied pasteboard splints and bandages. He did not attempt to reduce the fracture.

How long the splints were continued, we have no evidence. The limb has been tightly rolled to the present time, and the patient has never attempted to use it, but has constantly gone on crutches.

This is the case, as presented by witnesses at the trial.

Between one and two years after the injury was received, Mrs. Closson removed from Walpole, N. H., to Woodstock, Windsor Co.,* Vt. After remaining there long enough to acquire a legal residence, she entered actions for mal-practice against Drs. Campbell and Loomis in the Windsor County Court. She then returned to Walpole to reside. When the case of Dr. Campbell was to come to trial, she withdrew the suit against him in Woodstock, and commenced one in Keene, N. H.

Dr. Campbell was tried in Keene in October, 1855, and acquitted. The suit against Dr. Loomis was tried at Woodstock, Vt., in the December term of 1855, before Judge Underwood. Messrs. Tracy of Woodstock, and Marey of Royalton, were counsel for the plaintiff; Messrs. Washburn and Marsh, of Woodstock, for the defendant. The jury brought in a verdict for the defendant.

The grounds of accusation were, mal-treatment of the case and unjustifiable desertion of the patient. The counsel for the plaintiff attempted to show that the displacement of the tibia could not have taken place during her removal; as it would have been attended with so much pain that it must have been evident to the patient "that something extraordinary had taken place." Whereas she testified that there was no particular increase of pain at that time, as she was already suffering nearly all she could bear. Her counsel therefore contended that the displacement must have existed

* Putney, where she was hurt, is in Windham County, Vt.

from the first, and ought to have been discovered by the physician. And, in their argument, these learned gentlemen ridiculed the idea that a blow severe enough to produce a transverse fracture of the tibia, would not displace the fragments, while such displacement might take place gradually and even without producing any peculiar sensations, in the course of a ride of three miles, eleven days later; a singular instance of ignorance and weakness of mind, that substitutes partisan presumptions for the evidence of experiment and experience. It is well for the ends of justice and truth that there are many lawyers whose mental culture extends beyond mere legal technicalities. Law and common sense are said to be synonymous. We have no doubt they are—but such men are not true exponents of the law.

MEDICAL EVIDENCE.

Witnesses summoned by Defendant.

*Gustavus H. Loomis** called.—I am defendant in this suit. Have practised medicine and surgery for nine years. I was first called to visit the plaintiff on the night of the 25th of October, 1852, between the hours of 10 and 11 o'clock. I saw her at John H. Stoddard's house in Putney, Vt., between the hours of 11 and 12 o'clock. I found her lying on a sofa. Her friends said she had fallen down cellar. She appeared in a very nervous and excited state. I made a very slight examination of the leg when she was lying on the sofa. Assisted in carrying her to the bed. I think I examined the arm before moving her. After she was placed on the bed, I passed my hand over the limb; it was very much swollen—more than I ever saw in such a case before in so short a time. I examined her by passing my hand over the bone and by looking at the limb. She was quite fleshy. I deemed the best course to pursue was to place the limb in an easy position, and try to reduce the inflammation and swelling.† I placed a pillow under the knee, and supported the limb so as to make it as easy as possible. I treated it as though it had been a fracture. I thought it might be a fracture. Gave an anodyne, and applied a cooling lotion. I rotated the wrist, bent the fingers, flexed the wrist and extended it. She could adduct and abduct it. She complained of some pain, but I could not detect any displacement. I treated the wrist with a flannel roller and applied cooling lotions. Used flannel, as this would retain moisture longer. I left her comfortable. I gave her no opinion—I mean no direct one. I said to one of the attendants, if the small bone of the leg was broken and high up, it would take care of itself, and would not need a very extensive examination. Should think I was there three or four hours. Accident occurred on Monday, and this was early Tuesday morning. I saw her again near the mid-

* Both plaintiff and defendant were on the stand in this case. By Vermont law, all parties may be witnesses in a suit.

† Inflammation and swelling are repeatedly spoken of in the evidence, because understood by the counsel as distinct in meaning.

ble of the day. Was as comfortable as could be expected. Treatment continued. Leg more swollen ; more discoloration. Wrist much the same. Too much swelling to make a correct diagnosis. Did not see her on Wednesday, because my own health was poor, and I thought she would get along as well. I saw her again on Thursday. There were blisters on the leg ; more inflammation ; skin shining. Blisters were from the size of a fourpence-half-penny to that of a pin's head. The foot was somewhat swelled. Inflammation was more extensive. I directed a yeast poultice to be applied to the part. I did not advise this before. I put this on, as there were symptoms denoting a tendency to mortification. There was no poultice on when I came. I did not examine the limb to ascertain whether there was fracture, as it would have been necessary to press the limb hard enough to have felt the edges of the bones, and move the limb so as to produce crepitus ; and this, in the already excited state of the parts, might have produced gangrene. I felt confident that if there was friction the bones were in apposition. I applied liniment to the wrist. I saw her again on Friday. She was better. Her whole condition better. Her leg had not increased in size. Blisters were no worse. Did not make an examination, for the same reasons that I did not yesterday. Examined the wrist ; could detect no fracture. I again saw her on Saturday ; the swelling had gone down a very little on the leg ; not any on the knee. Discontinued the yeast-poultice. The blisters had disappeared, and the general appearance was better. I made no examination, because I did not think it safe. The limb did not show any departure from the proper direction and natural position. There was no apparent deformity. What force was used in my examinations of the fracture had not shown that there was any motion in the bones. She said on Saturday that I need not trouble myself any more about her wrist, as that was well enough. She had all the motions free in it, and after this day I did not examine it. I next saw her on Monday. The leg was improving ; the swelling had gone down a very little ; but I did not make any examination, for the same reason as before. I again saw her on Thursday. I did not make any examination. Her leg was in the same position as at the previous visits ; the inflammation was less. There was something said about her being moved. I declined giving my consent, on this occasion, and at all times. I told them I would be there on Friday or Saturday and make a thorough examination, and determine about her moving ; and when she was moved, I wanted to be there myself, and see to it, and fix it up. They said "yes, she must be bandaged, of course." I said to them that that would not do ; I must see to it myself. I went there again on Saturday, and was then informed that she had been moved. I had not been informed that she was going to be moved. I had never given my consent to her being moved at any time. I did not know where she was going. I was told, after she was gone, that she was at Mr. Floyd's, a distance of six miles from my house. I never saw her

afterwards professionally. I was never asked to attend her after she was moved, nor did I suppose that I was expected to do so. I supposed she was in the hands of her own physician. I never put any bandages or splints to her leg. The use of splints is to keep broken bones in apposition. In this case I think bandaging might produce mortification. Bones begin to unite in from nine to twelve days, as a general thing; but this would be affected by the health and age of the patient, and other circumstances. In the plaintiff's case, with her health, I should expect in a common simple fracture that union would commence in from twelve to twenty days—say fourteen or sixteen days. In such a case as this, I think the inflammation should somewhat subside before reducing the fracture. The size of the broken ends at the point of fracture would tend to keep the bones in place; or it would not be so liable to displacement as if they were smaller. Where there are two bones in a part, as in the forearm and leg, the unbroken bone operates as a splint. There was no displacement of the fibula. If bones are in place and the direction of the limb is right, no further examination is necessary. It would make a great difference from what part of the wrist-joint Dr. Kittredge measured.* The nearer to the wrist-joint the fracture was in the radius, the more difficult would it be to diagnosticate, and the less would be the danger of displacement.† If a patient was moved that had such a fracture as the plaintiff, without preparation, I should expect displacement. By preparation I mean splints. If the reasons for moving were very urgent, I would have her limb splinted, and have her moved as easily as possible. If the patient must be moved, in a case of simple fracture where there is no great inflammation, the sooner she is moved the better. After reparation had begun, it ought not to be allowed. If bones are in apposition, and they can be kept there without, it is as well not to use splints as to use them. A simple fracture is where there is no communication with the external air through the soft parts.

Cross-Examination.—I have testified on this case once before. I cannot say that I then stated anything about gangrene. I think I then said there was not much deformity or swelling at the wrist. I made no thorough examination, because I deemed it to be imprudent, on account of the inflammation; and if there was a fracture, it might produce displacement or extreme irritation and inflammation. She might or might not have any great amount of pain in moving. This might depend on the amount of nervous sensibility. I thought it would not be safe to move the limb. Moving of the limb would be apt to produce irritation under any circumstances. I did not know where the house was where Mr. Floyd lived. I did not know Mr. Floyd. They were strangers to me entirely. I had practised in that neighborhood. I had,

* Referring to Dr. K.'s deposition that there was fracture of the radius an inch or an inch and a half from the joint.

† The testimony was in reference to *transverse* fracture.

I suppose, attended a patient in Mr. Floyd's house. How long before, I do not know. I universally refused to give my consent to her being removed. I called on Mrs. Closson once at Walpole. I did not call professionally, but because I heard a rumor about there being broken bones. I found them fractured; the tibia of the leg, and the radius of the arm. There was a decided deformity.

Direct Examination resumed.—I went to see the plaintiff, and staid there some twenty minutes. There was not much swelling. I could see there was a crook where it ought to be straight. When I last saw her there was no such crook. If there had been such a crook, I should have seen it when she was at Putney. If I were going to move her, I should prefer a litter.

John Campbell called.—I reside in Putney. I am a practising physician and surgeon. I was called on the night of October 25th, 1852, to see Mrs. Nancy Closson, the plaintiff in this suit. I saw her the next morning. I went into the room. I did not move the limb. Her leg was swollen and a good deal discolored. It was in a good position and well supported. I was about to run my hand up on the leg, and she objected. I judged that the leg was not out of place. It had none of the appearances that it had at Walpole some ten or twelve weeks afterwards. I think I should have noticed it, if it had been out of place as at Walpole. There appeared to be a good deal of nervous sensibility. I should not have thought it good practice to have made a thorough examination. I have known Mrs. Closson for twenty years. She is of a nervous temperament and a scrofulous habit. I have attended her during several severe fits of sickness; one of epidemic erysipelas. She at one time had a functional heart difficulty. Union between broken bones takes place in from ten to twenty or twenty-five days. In this case I don't think Nature would have done much in less than fifteen days. The time would increase with age, and be modified by constitution and habit. Splints are for keeping bones in apposition. They are a necessary evil. Where there is great inflammation, splints and bandages may produce gangrene. We should do without them when we can—that is, when the bones will remain in place without them. I have had to take off splints and bandages after I have put them on. From the breadth of surface of the broken bone, the fracture would not be easily displaced. The fibula in this case would serve as an excellent splint. I would delay examination in such extensive inflammation until the inflammation had in a great measure subsided. The position was a good one; the limb was flexed just enough to relax the muscles. If the patient was put into a wagon, placed on the seat, and moved in this way, I should expect displacement of the bones. The nearer a fracture is to the end of a bone, the less likely it is to be displaced, and the more difficult will it be to make a correct diagnosis. A fracture of the radius within an inch or an inch and a half of the wrist-joint, may not affect the motions of the hand as much as a severe sprain. In case of transverse fracture of the radius, the ulna

would not necessarily be dislocated, and if it was dislocated there must be displacement of the radius.

Cross-Examination.—I made no particular examination. In an ordinary case, the practice is to reduce the limb as soon as the surgeon is called. It depends on the constitution of the patient, the condition of the limb, &c. I usually prefer doing it at once, when it can be done. When the fracture is oblique, there is more danger from spasms of muscles. If such a patient was to be moved, splints should be put on the limb. If the bone was displaced during the journey, the pain caused by it would be discernible.

Direct Examination resumed.—I did not examine the bone very critically at Walpole. The visit was a short one. It is my impression that Dr. Loomis invited me there. There is very little danger of displacement in a fracture like this, when the patient is asleep. If I rotated the hand, flexed and extended it, and felt the bones with my fingers, I should think it was a sufficient examination.

Wm. Henry Thayer called.—I am a practising physician and surgeon. Have been in practice twelve years. Am professor of pathology and the practice of medicine in the college in this place. I teach anatomy during the winter term. When a surgeon is called in a case of injury, it is his first duty to make as thorough an examination as the circumstances of the case will allow; and ascertain, if possible, whether there is a fracture, and, if so, its nature and extent. The ordinary symptoms of fracture are displacement and unnatural mobility of the bone. There may be fracture without displacement. There would be more difficulty in determining whether there was or was not fracture, in such a case. The liability to displacement would be affected in this case by there being another bone in immediate relation with the fractured one. The two bones of the leg are bound together by strong ligaments, which make them like one bone. There is not so much tendency to displacement, where the tibia is fractured near its upper extremity, from the greater size of the broken ends at that point. If the fracture was occasioned by a direct blow, I should expect swelling of the soft parts to follow at once. In a case like the plaintiff's, I should expect considerable swelling, and that it would commence immediately after the injury; and if the surgeon was called in three or four hours after the injury, it might be impossible to determine with accuracy whether there was a fracture or not. In such a case as the plaintiff's, the surgeon ought not to handle the soft parts; he should disturb them as little as possible—that is, in a case like this, where there is no material displacement. There being no apparent displacement, and much swelling in the surrounding tissues, the surgeon's duty is to place the limb in as easy position as possible for the patient, and make such applications as will tend to alleviate the pain and reduce the inflammation. The surgeon may make an examination when the inflammation has in a great degree subsided, and he should not do so before that time. No union of the bones can

take place while there is great swelling and inflammation* in the parts, and these should be first reduced. The object of splints is to keep bones in apposition. In regard to the proper position for the leg, there might be a difference of opinion. I think the position was a good one. It is good practice in some cases to dispense with splints. It would be bad practice to use splints where there was great swelling and inflammation around the fracture. Splints cannot be used without bandages. It would not have been proper to apply splints in such a case as was testified to by the defendant. To have used them in the condition in which the plaintiff then was, would have endangered the safety of the limb. The use of splints would not have been indicated until the inflammation had in a great measure subsided. No displacement could well take place in a fracture such as this is shown to have been, while the limb is at rest. There is no force in the limb itself to draw the fragments from their proper relations, with the exception of one muscle (the popliteus); and that could only affect the upper fragment, as it is inserted into the upper fifth of the tibia. The upper fragment would not be likely to be displaced, from the fact that it is held in position by strong muscles. The other muscles† run parallel with the shaft of the bone, and consequently could not affect its fragments in a manner to produce displacement. I would account for the displacement in this case, by the removal of the plaintiff without the limb being sufficiently supported. The plaintiff might have been removed carefully after putting on splints and bandages, without producing displacement. In a case such as the plaintiff's, I should expect such removal as was testified to, might produce displacement. I should not expect any dislocation of the fibula from the removal. I heard the defendant's testimony in regard to his treatment of the leg. I think his treatment was good, as he has stated the facts. A fracture of the radius near the wrist joint is not so easily discovered as one farther up. Such an one is sometimes very difficult to detect. On being called to see a wrist that had received an injury, I should first examine it with the eye to see if the bones were in place. If I could not satisfy myself by this, I should pass my hands along the edges of the bones, and observe the motions of the joints. If there was no apparent deformity, and I could detect no evidence of a fracture, by passing my hands over the bones, and the motions of the wrist were free, I should keep the part quiet, and make such applications as would tend to reduce the inflammation. The highest medical authority says that a fracture of the radius occurring as near the wrist-joint as it appears to have been in this case, is sometimes very difficult to detect, and will sometimes exist without displacement of the fragments. If the ulna had been dislocated, it would have been most probably thrown either backward or forward, producing so great a deformity either on the back or in the

* Inflammation is not understood by lawyers to include swelling; hence the phraseology of testimony here and elsewhere.

† Meaning, all but the popliteus.

palm of the hand as could not be overlooked by a surgeon. Subsequent displacement of the fractured ends of the radius would not of itself dislocate the ulna. It would require some new injury to occasion it. The surgeon having made up his mind that there was no fracture, the inflammation having subsided, and no complaint being made by the patient, I do not think there was any necessity of his making another examination. Spasmodic contraction of the muscles will occur from the effects of displaced bone on the surrounding tissues. They may occur at any time, according to the circumstances of the case. I do not consider it probable that the tibia could have been displaced by the spasmodic action of the muscles. Displacement is very unlikely to occur when the patient is quiet in bed. She is not likely to move her limb when it is in the state described. She might if she were delirious or in a state approaching to delirium.

Cross-Examined.—Displacement of the tibia, as it exists in the plaintiff's case, would not be likely to occasion spasmodic muscular contractions. Such displacement will not necessarily produce pain. Pain does usually attend the displacement of the fragments occurring at the time of fracture. It is possible for displacement of the fragments to take place at a subsequent period, without pain—particularly if gradual. I presume pain always occurs when a bone is broken. I think severe pain will be felt when a broken bone is projected into the flesh. A displacement might have taken place during the removal of the plaintiff, without her experiencing any additional pain. I think she would know that something extraordinary had taken place—from the motion of her limb in its inflamed state, whether displacement of the broken bone occurred or not. The immediate result of such a displacement would very likely be to increase the inflammation of the limb, and affect her comfort. This effect would probably continue several days. There is sometimes great difficulty in detecting a fracture of the radius near the wrist-joint. I have never seen a transverse fracture of the radius within an inch and a half of its lower extremity, and without displacement of the fragments. There is no medical writer, except one, as far as I know, who mentions such a case. But we have his authority, which is great, for the occurrence of such fractures and the great difficulty* of their detection. In a case like this, it is the surgeon's duty to watch the limb, and make an examination when the proper time comes. Nothing the patient may say in regard to the injured part, can excuse him from making an examination, if he thinks it necessary to do so. Dislocation of the fibula is less likely to occur than fracture of it; any force applied to it would sooner break than dislocate it.

Direct Examination resumed.—Had a dislocation of the upper extremity of the fibula existed at the time Dr. Loomis saw her, it might not have been discoverable on account of the swelling. It

* The difficulty depends upon the absence of displacement of the fragments, and the rarity refers to the same point.

is not the duty of a physician to continue in attendance on a patient who removes her place of residence, unless he is requested to do so. A displacement like that now existing in the tibia did not necessarily occur all at once, by any sudden action. It is more likely to have been gradual, and probably took place in that manner during her removal.

2d Cross-Examination.—If a physician is in attendance on a patient, and is informed that she is to be removed, it is his duty to follow her, or give notice that he will not do so.

(To be concluded next week.)

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

DEC. 24th. *Cystic Disease of the Breast.* Dr. CABOT reported the case. The patient is a woman 48 years of age. The body of the mamma is smooth, but a knobbed enlargement is perceived upon one side of it. For the six months last past she has noticed a rapid increase in this swelling. On its removal by Dr. C., the following appearances were observed on microscopic examination by Dr. ELLIS, who described them and showed illustrative drawings.

Scattered about in various parts of the gland, were cysts, measuring from a line to an inch and a half in diameter; but two or three, however, being larger than a pea. The largest of these contained an opaque, dirty-white fluid, and had smooth lining membranes. The others were filled with a thin, purulent-looking fluid, in which were seen, more or less granular epithelium cells, measuring, by estimate, from $0^{mm}016$ to $0^{mm}02$. In some of these the nuclei were well marked, while in others they were quite faint or had disappeared, the cell-wall being at the same time quite indistinct. Numerous minute globules, probably of a fatty nature, were floating about, either free or collected together in the form of round or oval corpuscles, of about the size of the epithelium cells, but without a proper wall.

The smaller cysts were lined with a very soft brownish layer, to which their color, externally, was probably owing. This layer was composed of epithelium cells of the size of those previously described, some of them oval with single small nuclei, others round or polyhedral, with nuclei and nucleoli.

Several nodules, which were not more than a line in diameter, did not collapse after excision; they contained numerous small nuclei such as are seen in glandular hypertrophy.

DEC. 24th. *Foreign Bodies retained for sixteen years in the neighborhood of the Vagina, Rectum and Bladder—Spontaneous Discharge, &c.* The following account, drawn up by Dr. R. K. JONES, of Holmes's Hole, was read to the Society by Dr. BOWDITCH.

"Mrs. F. W. was married in 1838, at the age of 18 years. Her previous health, though not robust, was generally good, and so continued until Dec., 1839. In Nov., 1839, she was confined with her first child. Labor of moderate severity; recovery favorable. Four weeks after her confinement, while stepping from a chair to the foot of the bed, the chair tipped and she fell astride a small pine-wood clothes-frame, breaking it into many

pieces, and severely wounding herself, although the extent of the injury was not then suspected. She fainted from the effects of this accident, and immediately had profuse haemorrhage from the vagina. Her physician was called in the morning, but made no vaginal examination; she was confined to her bed for the three following weeks on account of haemorrhage and consequent weakness, pain and soreness in the hypogastric and iliac regions, dysuria, pain in defecation, and feverishness. What appeared to be a piece of lacerated flesh presented itself through the vulva for several weeks—gradually disappearing—though again being forced through, upon the least exertion, during the entire winter.

The haemorrhage lasted for several weeks; there was next a purulent discharge, which has continued until quite recently. A few weeks after the accident, an abscess was formed to the right of the median line, just above the pubis; the swollen surface was very painful and tender, causing much distress during micturition and defecation; after six weeks a partial discharge took place through the vagina, with relief to the symptoms. The swelling remained, and pus collected and was discharged once in from two weeks to two months, until May, 1849.

During this period, though suffering much from local pain and soreness, purulent discharge from the vagina, pain in defecation and during coition, she was able to attend to much of her household duties and bore three children.

In May, 1849, being five months advanced in her fifth pregnancy, she strained herself while lifting a bed, and felt a sensation as of something breaking in her right side, in the locality of the swelling, causing severe pain, so that she fainted, with the feeling, as she expressed it, "as though all her insides were coming out of her"; there was also slight flowing. She was obliged to keep the bed from that time till the spring of 1855; a period of about six years. She was confined in the month of August, 1849, giving birth to her fifth child; none of her children are living, having died from various causes, and from two months to five years of age. There has been nothing remarkable in any of her labors, though she has suffered much after them from pain and local soreness.

About three weeks after her last confinement she was attacked with dysentery, which was then epidemic in that vicinity, and was very seriously ill.

She came under my care Sept. 27th, 1849, while still very feeble and suffering from the dysentery, though slowly gaining. After watching the case a few weeks, from the nature of her pains and symptoms I was convinced that there was local disease in, or about, the uterus, which aggravated the dysenteric disease. Upon examination with the speculum, the *os uteri* was found enlarged, exquisitely tender, not ulcerated, but the fossa between the posterior lip of the *os* and the *rectum* presented an inflamed, ulcerated appearance, but was so hidden by the *os* that it could not be satisfactorily explored. Under these circumstances, I made a free application of a strong solution of nitrate of silver to the *os uteri*, and, as fully as could be done, to the diseased portion posterior to it. The effect was an immediate cessation of the dysenteric symptoms—more full and marked than I had dared to hope—and much relief was obtained from the uterine pains. Similar applications, and of more powerful caustics, to the more diseased portions have been since repeatedly made, until last spring (that of 1855). From the occasional application of the stronger caustics to the diseased part, she has experienced great relief. During the six years that I have attended her, she has had abscesses form apparently, in the cellular tissue

between the uterus and the rectum, beyond the reach of specula or any satisfactory examination either by the vagina or rectum, and consequently not attainable by surgical interference—but burrowing in the cellular tissue and opening, at various points, into the *vagina*, the *rectum* and the *urethra*, causing urinary fistulae. From Sept., 1851, to May, 1853, she was unable to pass her urine, and, owing to the excessive tenderness of the *meatus*, was unable, herself, to pass the catheter; consequently, although she kept a catheter as long as possible in the bladder, at least a daily visit was necessary. The various sinuses of the *vagina* were laid open and healed, and likewise those communicating with the *meatus* and bladder. In July, 1854, an abscess broke behind the uterus, discharging a *splinter*; and, from that time till August, 1855, *eighty pieces* have been dislodged and removed; most of them through the *vagina* at the point mentioned, a few lower down in the *vagina*, several through the *urethra*; quite a number (15 or 20) through the *rectum*. There is reason to fear that other fragments still remain, although from her great improvement of late, I hope but few. The pieces, as may be observed,* vary in size from that of an ordinary lead pencil, and one and one fourth inches in length, to quite a small sliver.

Since March, 1855, she has been gradually gaining, so as now to be able to be up and attend to most of her household duties.

She is subject to profuse menorrhagia, owing, I suppose, to the long-continued irritation in the uterus and its vicinity having established an habitual hyperæmia. These periodical attacks reduce her strength; but she expresses herself as now in better health than she has before enjoyed since 1839, when she met with the accident which caused her long and intense sufferings. She still has much distress during micturition from tenesmus, and there is tenderness of the *os uteri in coitu*.

The peculiar nature of the accident; the length of time during which the foreign bodies remained imbedded; the bearing of several children with such disease in the immediate vicinity of the uterus, if not in its very substance; the great local changes, which, during pregnancy and childbirth, must have taken place in the diseased parts, yet without exciting fatal inflammation, or effecting the discharge of the offending substances; the dysentery causing an increased inflammation in the affected region, and which thus reacted upon the rectum and aggravated the dysentery, and was finally cured by the use of caustics; the discharge of the wood, separated into so many pieces; their burrowing in the cellular tissue and escape at different points, are all circumstances of sufficient interest, in my opinion, to make it worthy of report, and I therefore send the specimens to the Society together with the report of the case."

DEC. 24th. *Erysipelas*. Dr. STRONG mentioned the case. The patient was a female; the symptoms were very severe; recovery took place in from two to three days. The treatment was emetic-cathartic at first; subsequently, continued purgation.

Dr. HENRY J. BIGELOW referred to the experience of one of the surgical house-pupils at the Massachusetts General Hospital with iodine, externally applied, in several slight erysipelatous attacks in his own person. He had found it to be one of the best applications he had tried; far better, at any rate, than merely soothing appliances. He had, however, experienced much relief from the application of sweet oil over the affected parts and afterwards covering them with linen wet with a cooling lotion.

* These were exhibited to the Society by Dr. Bowditch, and, at a subsequent meeting, 38 more were shown, making in all 118.

Dr. PARKS spoke of two cases in the management of which he had lately used the tincture of iodine, externally, with marked benefit and decided astringent effect.

Dec. 24th. *Acute Disease of the Liver; Microscopic Appearances.* Dr. J. B. S. JACKSON showed a portion of the liver which was sent to him by Dr. DAVIDSON, of Gloucester, Mass., with the following history of the case, which was read by Dr. J.

"The patient, a young man 17 years of age, has uniformly enjoyed good health until about the 12th inst. (December, 1855), when he began to complain of languor, loss of appetite, and some pain in the right side. On the 15th, he vomited after his meals, and emesis continued at intervals for three or four days. Soon afterwards he began to complain of illness, his eyes and skin exhibited jaundiced hue. On the 18th, he became stupid, and, after a few hours, comatose, in which condition he remained until his death, which occurred in the night of the 21st. There was never any febrile action announced by heat of skin, thirst, or accelerated pulse. The latter was constantly full and slow. There was no tenderness on pressure over the abdomen. The discharges from the bowels were colored with bile, and the urine was very much loaded with bile and was very scanty.

Autopsy.—The body was examined about fifteen hours after death. *Skin* greenish-yellow; in certain parts, of an olive color; *abdomen* flat. *Lungs* congested; rather extensive old adhesions of the left lung. *Heart* normal in size and condition. *Stomach* very much distended, and containing a soot-colored mucus adhering firmly to the mucous membrane, which latter was somewhat softened. *Intestines* not examined. *Kidneys* apparently healthy, somewhat congested. *Liver* very firm, weighing two pounds and a half; the *gall-bladder* contained a small quantity of bile; its ducts were pervious. The liver presented the same aspect *throughout*, as will be observed in the specimen sent for exhibition.

"I find, in Dr. Budd's treatise on the liver, some cases recorded, under the head of suppressed secretion of bile, in which the symptoms resembled those of the above case, but the pathological condition seems to have been different."

Dr. Jackson added that, in the specimen sent by Dr. Davidson, there is a deposit which has every appearance of "lymph," with perhaps some admixture of pus, except that it may be rather more yellow than usual. This deposit is in masses sufficiently well defined, varying from about two to three lines in diameter, and scattered throughout the organ which otherwise seems healthy; the deposits were, perhaps, on an average, an inch or more apart. The case was reported as one of a peculiar form of acute inflammation of the liver. Subsequently, however, a microscopic examination was made by Dr. ELLIS, and the following is his report:—

"In the yellow portions there was a large amount of fat, mostly free, although some of the hepatic cells contained more than usual. Nothing else morbid was noticed. The intervening portions were normal."

Dec. 24th. *Larynx and Trachea from a Child dead of Croup.* The specimen was shown and the two following cases described by Dr. C. D. HOMANS.

CASE I.—Lillie G., aged 5 yrs. 3 mos., had frequently been troubled with hoarseness and difficulty of breathing, continuing for two or three days at a time, but which had soon passed off without causing any uneasiness to her parents. She was just recovering from one of these attacks, when, on Thursday, Dec. 13th, she raised two or three mouthfuls of pure blood, ac-

cording to her mother's account about a tablespoonful in all, besides mucus. This haemoptysis was not accompanied by cough. A physician was then called for the first time.

On Saturday, Dec. 15th, while coughing at different times during the day, she threw up portions of a thick substance, reported to resemble tripe, in color, though not so thick; one piece having been more than an inch in length by a half inch in width.

Sunday, 16th.—She again raised about a tablespoonful of clear, bright blood, but this time after coughing. The feverish symptoms, which had been before trifling, now became more marked, attended with much dyspnoea.

Monday, 17th.—During the day the symptoms were mitigated, but at night she awoke from sleep with a hard, dry cough, whistling respiration, and great dyspnoea. These continued during the night, and on Tuesday morning (18th), there was an apparent improvement again; the child was playful, and inclined to go about the house. At about 5 o'clock, P. M., respiration again became more laborious, and the symptoms, generally, were aggravated. There was constant orthopnoea, a very hot skin, but not much thirst. The little patient constantly complained of the heat of the room, and appeared to breathe better when the air was quite cool.

Wednesday, 19th.—Again brighter in the morning; at times desiring to get upon the floor, but more inclined to be quiet than before. At 4 o'clock, P. M., the dyspnoea again became very great, and the pulse very frequent and irregular. There were also vomiting and diarrhoea, ceasing, however, in the evening. The other symptoms continued to increase in intensity, the patient, notwithstanding, retaining her senses, and sufficient strength to enable her to sustain herself in standing and walking, until within an hour of her death, which occurred on Thursday, Dec. 20th, at 9 o'clock, A. M.

At the autopsy, a membrane of marked consistency was found lining the interior of the *larynx*, *trachea* and *primary bronchi*, extending into the smaller branches as far as traced. Beneath this, the lining membrane was seen to be very much injected.

The *lungs* were congested, but otherwise not remarkable. Other organs healthy.

CASE II.—H. H. G., brother of the above patient, 2 yrs. and 4 mos. old, had suffered from a cold for nearly two weeks, but was not considered in any danger until Wednesday night, Dec. 19th, when he was attacked with symptoms of croup, which continued without remission till his death, at 8½ o'clock, Thursday evening, Dec. 20th.

In addition to the treatment usually employed in cases of croup, the throats of these two children were, at several different times, sponged with a solution of nitrate of silver, 40 grains to an ounce of water; but the probang was not forced into the larynx, in all probability. The specimen shown was taken from the first patient, and the following appearances were remarked:—The lining membrane of the epiglottis, larynx and trachea was very red and covered with patches of lymph partially organized, and quite firmly adherent; as the bifurcation was approached, the deposit was more uniform, forming in some spots a complete tube.

DEC. 24th. *Partial Asphyxia from Carbonic Gases.* Dr. B. E. COTTING, of Roxbury, Associate Member of the Society, with the consent of Dr. MANN, the attending physician, with whom he was in frequent consultation, related the following case.

F. B. J., aged 32 years, a stout, thick-set, athletic and active man, six

feet in height, plethoric, and weighing 200 lbs., retired to bed, Dec. 13th, at $9\frac{1}{2}$ o'clock, P. M., in his usual good health. Not appearing in the morning, his friends became alarmed, and at 10 o'clock, A. M., burst open the door of his room. He was found lying diagonally across his bed, apparently in great distress. Bloody froth was issuing from his mouth and nose, and he was insensible to all outward impressions. His physician, being immediately summoned, describes his situation as follows:—Head, face and neck livid and greatly bloated, so as to destroy all recognizable features; the lower lip immensely swollen and turned outwards; the skin discolored and cold, without moisture; extremities quite cold; pulse varying in force and frequency, at times almost imperceptible, the number ranging at different times from 80 to 120; breathing labored, blowing, and irregular; eyelids closed, balls rolled up aslant, pupils varying somewhat, but generally dilated; entire insensibility to outward impressions, even of the most painful character; no motion of any muscles except those concerned in respiration, which was chiefly diaphragmatic.

Blood was taken from the arm, weak brandy and water given, and soon afterwards small doses of aromatic spirits of ammonia. Fluids passed into the stomach rather by their own gravity than by any perceptible act of deglutition. If any considerable quantities were given at one time, fearful struggles would ensue, threatening complete suffocation. Leeches were applied to the temples, and iced water to the head; his feet and limbs were bathed in hot mustard-water. Bottles of hot water were placed around the extremities, gentle friction kept up over the whole body; a current of cool, fresh air directed across the patient's face. He was seen by Dr. Cotting at 1 o'clock, P. M.; his condition then was nearly as above described. The skin was still greatly discolored, but was warmer. Pulse 100, small and feeble. Respirations 36 in a minute, labored and imperfect; of a blowing, rather than a stertorous, character. There was no gasping, or interruption of the breathing. Mucous râles were heard all over the chest in front, the patient lying on his back. There were frequent efforts to discharge mucus from the lungs, with occasional ineffectual retchings. The loss of voluntary motion and sensation was complete.

A few more leeches were applied to the head. The stomach was relieved of its contents, consisting chiefly of bloody mucus and the liquids administered; and copious evacuations from the bowels were produced by means of enemata. The stimulants were continued, but more sparingly. Friction and warmth were maintained in the mildest forms. Respiration was from time to time artificially aided, as previously, and the fresh air still allowed to pass over his head and face.

Without any decided signs of improvement, there was nothing to absolutely discourage the efforts made for the patient's restoration, until about 3 o'clock, P. M., when his countenance assumed a deathly aspect, the respiration became weaker, and the pulse flagged, becoming extremely feeble and irregular. In short, he had every appearance of a dying man. He however gradually came out of this condition, and, at 5 o'clock, P. M., the symptoms were evidently more favorable. At 6 o'clock, P. M., on being severely pinched, he would partially open his eyes, with a bewildered stare, and some signs of suffering. At 9, P. M., he uttered some inarticulate sounds, and soon after called out the name of one of the by-standers, apparently recognizing him. He did not, however, regain his consciousness until 3 o'clock on the following morning.

During the day of the 15th, he was in an excited and semi-delirious

state, unable to give any account of himself, and complaining of an indescribable soreness of his whole frame. His right side continued immovable, but was sensitive to the touch. This hemiplegic state gradually departed; first from the leg, then from the arm, leaving the shoulder last. On the 16th, his consciousness was complete; he was entirely rational, and had fully regained his power of voluntary motion. He suffered chiefly from soreness of the chest, felt in breathing. His recovery has subsequently been somewhat retarded by inflammatory attacks of the lungs, accompanied with bloody sputa.

As the symptoms of the patient in many respects resembled those of apoplexy, and as he was thought by some who saw him to be suffering from an attack of that nature alone—he being in the popular estimation a fit subject for the disease, and also being hereditarily predisposed, having lost a grandfather and two uncles by it—the following reasons were given for a different opinion.

About an hour before retiring to bed, the patient ordered a fire to be kindled in his room, at the hotel in which he lodged. The materials for the fire consisted of a few pine shavings, about three pints of charcoal, and a peck of anthracite. The fire was made in a small stove having an open grate, and connected with the flue of the chimney by a funnel of about a foot in length. In this funnel there was a valve, or "damper," to regulate the draught. This damper was supposed to have been left wide open, but the thumb-piece having been constructed in a manner the reverse of what is usual, the funnel was in fact entirely closed. Thus the fire was, to all intents and purposes, *in a chafing-dish, and in a completely closed room.* The room measures 22 feet by 10, with an alcove 10 feet by 8, equal to an area of 300 square feet. Its height is 8 feet. There are no openings except a small window and the door. As the building is quite new, these close accurately and are quite tight. The patient was lying on his bed, 3 feet above the floor. The fire, which was thoroughly kindled before he went to bed, went out before two thirds of the anthracite had been consumed, and must have burned slowly after the damper was closed.

It is highly probable, therefore, that a sufficient quantity of carbonic gases was evolved from the burning coals to rise to the level of the patient's head as he was lying on the bed, as well as to partially contaminate the remaining air of the room. There was nothing in the symptoms to forbid such a conclusion: there were no convulsions; there was no stertor in the inspiration; there was no catch or break in the breathing; the eyes were not fixed, nor their pupils either permanently contracted or dilated; the pulse was neither slow nor intermittent, nor were there among the other symptoms any which might not arise from carbonic gases. So far as the age of the patient may be of any weight, it is also in favor of this supposition. The manner of recovery, and subsequent phenomena, are also not at variance with such an opinion.

The patient recollects of having got up, about, as he supposes, an hour or two after going to bed, on the night of the 13th, in consequence of "feeling dreadfully." While up, he drank water, and his distress was somewhat relieved. The remainder of the time, from 9½ o'clock, P. M., of the 13th, to 3 o'clock, A. M., of the 15th, is a complete blank to him.

Dr. BIGELOW, Sen., thought there was no evidence of apoplexy, and was inclined to refer cases of this description to specific poisoning rather than to mere asphyxia. Free admission of cold air (as was practised by Dr. Cottting in the above instance) is the measure best suited to eliminate the poison from the system.

Dr. BACON remarked that besides carbonic acid, *carbonic oxide* is formed under such circumstances as those related by Dr. Cotting: this is an active poison; carbonic acid is not so.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 20, 1856.

COMMENCEMENT AT THE MASSACHUSETTS MEDICAL COLLEGE.

THE commencement services of the graduating class of the Medical School were held at the College, in Grove street, on Wednesday morning, March 12th. The spacious lecture room was well filled with the friends of the graduates, besides many physicians of Boston and the vicinity, and others interested in the profession. On the platform were seated the Governor, and members of the Board of Overseers of the University, and other distinguished gentlemen. The exercises opened with prayer from President Walker, after which, a select number of dissertations were read by their authors. The degrees were then conferred by the President, and the ceremonies concluded with an address to the graduating class, by Dr. John Ware. The degree of M.D. was conferred upon the following gentlemen, twenty-eight in number.

GRADUATES.

Charles Cheyne Aitkin,
Justin Allen,
Charles Edward Briggs, A.B., Harvard.
Henry Wheclock Brown,
Hugh Cavin,
Ephraim Cutler, A.M., Yale,
Charles Wesley Fillmore,
Joseph W. Hastings,
Alfred Hosmer, A.B., Harvard,
George Smith Hyde, A.B., Harvard,
John Augustus Lamson, A.B., Dartmouth,
William Leach,
Alexander Crawford Page,
Alexander McIntosh Parker,
Francis James Parker,
Ezra Parmenter,
Louis Emmons Partridge,
Charles Pfaff,
Charles Henry Sanborn,
Frederick Augustus Sawyer,
Gustavus Lincoln Simmons,
John Skinner,
William Henry True,
Simeon Charles Vanier,
James Parker Walker,
Robert Ware, A.B., Harvard,
Conrad Wesselhoeft,
James Clarke White, A.B., Harvard,

THESES.

Conduct of Physicians in Labor.
Croup.
Cephalgia.
Scarlatina.
Indigestion.
Endosmosis.
Nature versus Art in Disease.
Syphilis.
Ununited Fracture.
Acute Rheumatism.
The Mental Effects of Physical Disease.
Measles.
Pneumonia.
Pleurisy.
Embryonic Development.
History of Remedies.
Croup.
History of Medicine.
Tuberculosis.
Pneumonia.
Coryza.
The Alimentary Canal in the Human Species.
Pneumonia.
The Pulse.
Pneumonia.
Origin of Vaccination.
Origin of Intestinal Worms.
Urinary Calculi.

The services were of an impressive and interesting character. The selections from the theses read by the candidates were of a high order of merit, and evinced the industry and attention of the pupils, as well as ability and success on the part of the professors. Of the address to the graduates we need only say that it was by Dr. Ware, to confer upon it the highest praise. It pointed out some of the trials and dangers to which the medical practitioner is exposed, and which tend to interfere with his success, and showed how they were to be avoided. It warned the young aspirant against

an inordinate ambition for mere worldly success, and placed in a clear and attractive light what should be the true aim of the physician. No one could fail to be touched by this beautiful address, and we feel sure that its influence will be felt through life by many of those to whom it was addressed.

In the evening, the class, and a large number of guests, were invited by the medical faculty to meet at the Tremont House, where, after an hour passed in agreeable social conversation, they partook of an elegant and bountiful entertainment provided by their kind hosts. Thus pleasantly passed off the medical commencement. No theatrical displays disgraced the ceremonies, as we observed at the recent commencement of a medical college; no bouquets were thrown by young ladies, as the graduates advanced to read their dissertations; but a spirit of solemnity and dignity pervaded the exercises, corresponding with the responsibility and importance of the calling into which the candidates were inducted.

CHLOROFORM AND FORMIC ACID.

MESSRS. EDITORS.—A friend has this morning called my attention to an article in the last number of your Journal, signed "C. A. L.", in which an attempt is made to discredit the results to which I arrived in the chemical examination of the blood of the late Phœbe Ann Morgan, who died from the effects of inhaled chloroform.

I do not know who the writer is, and am not in the habit of replying to anonymous communications, though I am always ready to answer any scientific inquirer who may address me, asking information on any subject that I have investigated. I will, however, so far depart from my rule, as to suggest to "C. A. L." if he is a chemist and physiologist, that he will most effectually invalidate my conclusions, if he can and will, by simply distilling four ounces of healthy blood, at the temperature of a chloride of calcium bath, produce a sufficiency of formic acid to reduce several grains of metallic silver from the nitrate. In the language of Hunter I would say, "try it, sir."

Respectfully, your ob't serv't,

CHARLES T. JACKSON, M. D.

State Assayer and Chemist.

Boston, March 14th, 1856.

BRISTOL NORTH DISTRICT MEDICAL SOCIETY.

THE annual meeting of this Society was holden Wednesday, March 12th, at the Taunton Hotel, Taunton. The following officers were elected for the year ensuing. Drs. Thaddeus Phelps, of Attleborough, *President*; Benoni Carpenter, Pawtucket, *Vice President*; Charles Howe, Taunton, *Secretary and Treasurer*; James B. Dean, Taunton, Albert Newman, Attleborough, *Librarians*; Thomas G. Nichols, Freetown, Lloyd Morton, Pawtucket, Johnson Gardner, Seekonk, *Censors*; J. D. Nichols, Taunton, Benoni Carpenter, Pawtucket, Wm. Dickenson, Taunton, Caleb Swan, Easton, *Councillors*: Ira Sampson, Taunton, Wm. Dickenson, Taunton, Caleb Swan, Easton, Johnson Gardner, Seekonk, *Delegates to American Medical Association*.

CHARLES HOWE, *Sec'y.*

Value of the Hydrostatic Test.—A German girl was tried last week at Reading, Pa., for the murder of her infant. She was acquitted. The Commonwealth undertook to establish the fact that the child had been born alive by evidence of an examination of the lungs by the hydrostatic test, by physicians who gave it as their opinion that the child had lived because the lungs floated in water in whole and in parts. The doctors had neglected

to regulate strictly the temperature of the water in which the lungs had been tested. This was taken advantage of by the counsel for the defence, Mr. Richards, who, by a very ingenious and delicate experiment, demonstrated to the jury that there was no reliance to be placed on the hydrostatic test, unless the temperature of the water had been carefully ascertained. He put a small vial of shot, just heavy enough to float in water of medium temperature, into warm water, and it sunk. On putting it into cold water the vial floated.—*Western Lancet.*

Medical Miscellany.—A lady in the County of Goochland, Va., recently gave birth to three living daughters, all of whom, as well as the mother, were doing well at the last accounts.—It is said that during Monroe's administration a lady of Louisiana gave birth to four sons, whom she named Washington, Jefferson, Madison and Monroe, all of whom lived to manhood. The same lady, before her death, was the mother of thirty-six children.—On Saturday, a petition was presented to the House of Representatives of this State by Samuel Gregg and others, for an act of incorporation as the Homeopathic Medical Society of Massachusetts; and also one by John H. Wilkins and others, for an act of incorporation as Homeopathic Medical Dispensary.—In a libel suit brought by John D. Hill *versus* Austin Flint and Sanford B. Hunt, as editors of the Buffalo Medical Journal, the jury brought in a verdict of damages to the amount of \$500.—Surgeons in the army have now the rank of majors, and assistant surgeons that of captains; the former receive \$165 per month, the latter \$122.50, which is considerably more than the pay of the majors and captains.—Dr. Marshall Hall has been complimented with the election to the corresponding membership of the French Academy of Medicine, vacated by the death of Fodere. Chelius and Christison were among the nominees for the honor.

Communications Received.—Case of Erythema Tuberculatum et Edeematosum.

Books and Pamphlets Received.—First Report of the Woman's Hospital Association of New York, 1856.—Remarks at the Annual Meeting of the Erie County Medical Society, by the President, James P. White, M.D., in relation to the formation of a Society for the Relief of Widows and Orphans of Medical Men.—Report of the Maine Insane Hospital.—Report of the Butler Hospital for the Insane.—Report of the Pennsylvania Hospital for the Insane.—Census of the city of Providence, &c., by Edwin M. Snow, M.D.—A Paper on the Effects of Lead on the Heart, by John W. Corson, M.D.—An Essay on Intermittent and Bilious Remittent Fever, with their Pathological Relation to Ozone, by E. P. Gaillard, M.D.—Treatment of Displacements of the Uterus with the Abdominal Spring Pessary, by I. McF. Gaston, M.D.—Annual Reports of the officers of the New Jersey State Lunatic Asylum.—Twenty-third Annual Report of the Trustees of the State Lunatic Hospital at Worcester.

Erratum.—In the last number (page 111, line 6th,) instead of *ulna*, read *humerus*.

MARRIED.—In this city, William H. M. Howard, M.D., to Jane Waterman, of Bradford, Vt.

DIED.—At Fultonville, Montgomery Co., N. Y., 8th inst., Leonard Proctor, M.D., in his 58th year, a graduate of the Medical School of Harvard University in 1824.

Deaths in Boston for the week ending Saturday noon, March 15th, 80. Males, 42—females, 38. Accident, 1—Inflammation of the bowels, 1—congestion of the brain, 2—cancer in the womb, 1—consumption, 21—convulsions, 3—croup, 3—dropsy, 1—dropsy in the head, 1—debility, 1—infantile diseases, 4—diabetes, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 2—gravel, 1—disease of the heart, 3—Inflammation of the lungs, 12—disease of the liver, 1—measles, 2—palsy, 3—rheumatism, 1—smallpox, 5—suicide, 1—teething, 4—unknown, 2.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 5—above 60 years, 11. Born in the United States, 62—Ireland, 13—England, 2—Germany, 2—Unknown, 1.

Cod-liver Oil Oleine.—Dr. Arthur Leared, the author of “a theory of my own of the digestion of the fat,” which has not received the assent of the physiological world, is quite positive that it is the oleine of cod-liver oil that is available for nutrition, and that the other principles are excrementitious. Our readers will remember that Dr. Crawcour considers glycerin the potent element in this drug, while De Jough attributes great virtue to the gaduine. However, *chacun a son gout.* Dr. Leared’s plan for extracting oleine is to submit the oil to a very low temperature, and after it has congealed, to subject the semi-solid mass to pressure. Seventy-five per cent. is obtained of a very transparent fluid, which is universally tolerated, says Dr. Leared, by the weakest stomachs, and produces all the good effects of cod-liver oil, and none of the bad effects. Dr. Leared adduces cases observed at the Brompton hospital in support of these assertions, which are published in the *Medical Times and Gazette* for July 21st, 1855. Inasmuch as the process is simple, we hope that some of our readers will repeat Dr. Leared’s experiments, and inform us of their results.—*Virginia Medical Journal.*

Ergot of Wheat.—Dr. Jobert details in the *Gazette des Hopitaux* the results of his observations on ergot obtained from wheat, which, as our readers know, is affected with this fungus, in common with the other *graminaciz.* He states that its ecblolic and haemostatic properties are equal and similar to those of ergot of rye. Repeated in doses of one or two scruples, according to urgency, it restrained haemorrhages at different stages of gestation and after delivery, and promptly accelerated uterine pains.—*Ib.*

Vinous Cataplasms in Hospital Gangrene.—By M. PAYAN. Hospital gangrene has frequently shown itself among the wounded sent from the Crimea to the hospitals in the South of France. It has been generally during the passage from Constantinople to Toulon or Marseilles that it has broken out; and it has resisted treatment in the hospitals with great obstinacy, usually requiring very painful cauterizations to arrest its progress. M. Payan has had under his care in the hospital at Aix, ten cases, in different stages of the disease. Recollecting the great efficacy of vinous cataplasms in sanious ulcers, he determined to resort to them on this occasion, and found that a speedy amelioration ensued in all these cases upon employing them twice a day. Some slices of bread are placed in a pipkin and *vin ordinaire* is poured over them, and when the bread has thoroughly imbibed the wine, the whole is boiled for a few minutes, stirring it the while with a spatula, so as to form it into a kind of paste.

[We may observe that M. Denonvilliers has recently found glycerine of great service in these cases at the St. Louis hospital.]—*Ib.*

Foreign Items.—The Institute has nominated as candidates for the late Professor Magendie’s chair at the College of France:—1. Claude Bernard. 2. Longet. 3. Brown-Sequard. M. Bernard will be appointed, but we are glad to see our friend Dr. Sequard in the way of promotion.

Candidates for Magendie’s place in the Institute are pouring in. The names of Jobert, Maisonneuve, Cruveilhier, Brown-Sequard, Guerin and Longet are prominently mentioned.

Professor Muller has been shipwrecked, and narrowly escaped drowning. A steamer, in which he was returning from Norway, was run down and sunk by a larger vessel. The illustrious physiologist, being an excellent swimmer, kept himself above water until assistance reached him.

Professor Berard has had a stroke of apoplexy, but is recovering.—*Ib.*

Registration.—We rejoice to learn that a proposition is before the Maryland Legislature, for the enactment of a law for the registration of marriages, births and deaths.—*Ib.*

A Man with Eleven Wives.—There is now living in the neighborhood of Glasgow, a lady in her 107th year; and very recently another female is reported to have died at the age of 101; whilst a carpenter, named John Walney, died in Glasgow during 1757, actually 124 years old. This man is stated to have married eleven wives, all of whom he buried; and of his seventeen children five survived him, whose ages amounted to 326 years collectively.